

The History and Philosophy of Changes in Accreditation Standards

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Relationship between credentialing and education

There have been four physical therapist program accreditation standards for physical therapy education in the 20th Century. This article provides the background history and philosophy behind those standards.

1955 Standards

The practice of physical therapy was shaped by a number of significant nationwide and worldwide events. In the first half of the 20th Century, there were major poliomyelitis epidemics that left many people with severe debilitation and in need of rehabilitation services. In addition, two world wars and several other wars left hundreds of thousands of soldiers in need of rehabilitation. There was also a shift in social mores. People started to talk about needing an efficient and fit workforce, one that was “economically useful.” Legislation such as the Social Security Act impacted the availability and financial support of rehabilitation services.

Physical therapists were called reconstruction aides, a title used in the military. If they were in civilian services, they were more likely called physical therapy aides or physiotherapy technicians.

Physical therapy education has been recognized in some way since 1928 with the American Medical Association (AMA) inspecting and approving programs. The AMA published a list of approved schools in the Physiotherapy Review until 1943. The involvement of the American Physical Therapy Association (APTA) was really a progressive one. Early on, they lacked the human and financial resources to take on the accreditation process. They actually welcomed AMA’s involvement in the process. Accreditation was a collaborative activity between the APTA and the AMA.

THE ESSENTIALS: The “essentials” or standards for accredited physical therapy schools were developed and adopted in 1949 and published in 1955. The standards were quite prescriptive. A minimum of 12 months, now a little over 1600 hours, was required. All programs had to have a medical director as well as a technical director. The technical director at that time was a physical therapist. There were two options to complete the program - either complete two years of undergraduate work

or three years of nursing. This would be followed by 12 months in the program itself. There was no requirement for a bachelor’s degree although most programs included the PT certificate as part of a bachelor’s degree.

GENERAL EDUCATION: Some value was placed on general education before starting the professional education. The Essentials required a minimum of one course in humanities, chemistry, physics, biological science, and social sciences. Mathematics was not required.

PROFESSIONAL EDUCATION: A minimum of 45 semester credits was required in professional education. Anatomy, physiology, kinesiology and pathology were all required. At that time, it was important for PTs to have an understanding of the general medical surgical conditions that they would be treating. Interventions came down to musculoskeletal, neuromuscular and physical agents and electro. The programs in which students did their clinical education had to be supervised by a medical practitioner.

1978 Standards

In spite of significant changes taking place in healthcare and the APTA’s repeated requests to the AMA to update the essentials, the 1955 standards were still in place. Educational programs responded to changes in healthcare, but the accreditation standards did not change. The role of the physical therapist changed significantly; it moved away from technical competence towards independent practice. The AMA finally came out with a set of revisions that the Commission on Accreditation in Education, which is the CAPTE precursor, said was unacceptable. At this point, the Commission on Accreditation in Education broke off from the AMA. Around 1975, they received independent recognition from the United States Office of Education. This was a huge milestone. They set out ten standards for the accreditation of physical therapy programs which were adopted by the APTA. The AMA decided to step out of PT accreditation and did not continue to seek recognition.

Accreditation moved from process to outcomes. It was no longer “how to.” Rather, it was, “What does a competent

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practitioner look like?” Competencies needed by the beginning practitioner were defined, but not curriculum specifics.

“If you’ve seen one physical therapy program, you’ve seen one physical therapy program,” Virginia Nieland once said. Schools designed their curriculum within the context of the institution’s and the program’s mission and philosophy. The only real specific was that anybody who held the title of physical therapist had to have the academic degree of a baccalaureate degree.

However, some programs required regional accreditation in order to issue a baccalaureate degree. As a result, professional education requirements increased to 60 credits. Mathematics was added. Cardiopulmonary was required. Evaluation moved from a technical basis to a more critical-thinking basis.

1992 Standards

In 1992, physical therapy education needed to change because of changes in the practice of healthcare. Interestingly, in 1979 the APTA adopted a motion that all accredited physical therapist education should culminate in a post-baccalaureate degree. That created a huge controversy. Only eight percent of schools at that time had post-baccalaureate degrees. Also, the education field felt that the APTA was usurping their right to award the degree. The issue was dropped.

The 1992 criteria had much higher faculty qualifications, both academic and clinical. Requirements for clinical education were more clearly spelled out. An instructor had to have a variety of clinical experiences. In 1983, 42 percent of physical therapists were in hospitals. Today we are talking probably about 12 or 13 percent. Diversity of faculty clinical experiences is important when you think about preparing students for the workplace.

1998 (Current) Standards

The 1998 Standards focus on more practitioner autonomy and greater independence. Educational programs focus on clinical decision-making, critical thinking and more clinical experiences. Another change is that accreditation documents now refer to two other very important documents that were developed by the American Physical Therapy Association. They are the *Normative Model of Physical Therapist Professional Education* and the *Guide to Physical Therapist Practice*. These documents are essential in the formation of any curriculum at this point in time.

2006 Standards—What’s Ahead

CAPTE has rules regarding being responsive to calls for substantive change in accreditation standards. It periodically sends out calls to monitor changes in practice. When a substantive change is required, then standards change. Substantial changes have occurred, and that’s why there’s another standard coming out January 2006.

For instance, there’s an updated version of the *Guide* which is referenced in the 2006 criteria. Autonomy is an even bigger consideration for competent practice now that most jurisdictions have direct access. The entry-level degree became a post-baccalaureate degree effective January 1, 2002. The patient-client management model will be reflected in the 2006 criteria. It includes examination, evaluation, diagnosis, prognosis, intervention and outcomes and moves towards more evidence-based practice. This model requires increased problem solving skills for competent autonomous practice. You will see more words like “consultation” and “education” in describing the role of the physical therapist. Current discussion of cultural competence and professional core values may also affect the 2006 accreditation standards. ■



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